

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: SCROLL WHEEL ASSEMBLY USING A  
UNIDIRECTIONAL LOCKING SYSTEM

Attorney Docket Number:: 003797.00540

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: D.  
Family Name:: Bohn  
Name Suffix::  
City of Residence:: Fort Collins  
State or Province of Residence:: CO  
Country of Residence:: U.S.A.  
Street of mailing address:: 2900 Eindborough Drive  
City of mailing address:: Fort Collins  
State or Province of mailing address:: CO  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 80525

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Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 28319

### **Representative Information**

Representative Customer Number:: 28319

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Microsoft Corporation  
 Street of mailing address:: Corporation in the State of Washington  
 One Microsoft Way  
 City of mailing address:: Redmond  
 State or Province of mailing address:: WA  
 Country of mailing address:: U.S.A.  
 Postal or Zip Code of mailing address:: 98052